

In the United States District Court
For the Northern District of Mississippi
Greenville Division

FILED ONLINE

Jerry VanWagoner
V.

M.S.P. Medical Director, et al

Plaintiff
Case # 4:18-CV-150-GHD-RP
Defendants

Plaintiff Memorandum Brief in opposition
of Defendants Document # 61

Comes Now the plaintiff Jerry VanWagoner
pro se, and respectfully submits this his
Memorandum brief in opposition of defendants
document # 61 and would show the following:

Plaintiff asserts that the defendants have
not with sufficiency established that their request
for Summary Judgement should be entertained,
in accordance with Federal rules of civil procedure
56(a) and therefore the defendants motion for
summary judgement should be dismissed. wherein
all named defendants acted under color of
State law.

Defendants blatant disregard for the

health and well being of this plaintiff," and a large number of other inmates who have the contagious disease of Hepatitis C," placing this plaintiff, all other inmates, their own officers and staff in jeopardy for risk of harm, injury or possible death, for their callous and wanton denial and/or delay in providing the cure to this plaintiff due to the cost factor of the available cure. Defendants delay and/or denial to provide the cure to this plaintiff does amount to deliberate indifference pursuant to the well recognized case and decision in Estelle v. Gamble, 429 U.S., 104 ...

Defendants such as but not limited to Medical director Gloria Perry have in this case demonstrated their lack of concern for this plaintiff in continuing to deny and/or delay providing the medication to actually cure this plaintiff of Hepatitis C, commonly known as the terror Silent Killer,

Had the defendants not acted with deliberate indifference they would have requested the blood test which calculates

his Fibrosis level long ago and administered the cure. The plaintiff's Fibrosis level is now a level 4, which is the highest level. The plaintiff's Hepatitis C disease has now advanced to cirrhosis of the liver. The plaintiff's liver has been compromised to a stage of irreparable damage, liver scarring, liver cancer. See Abu-Jamal v. Wetzel, Not reported in Fed. Supp. (2017). To show irreparable harm a plaintiff must demonstrate potential harm which cannot be redressed by a legal or an equitable remedy following a trial, Acervo v. New Castle City, 40 F.3d 645, 653 (3d Cir 1994) quoting Instant Air Freight Co. v. C.F. Air Freight, Inc. 882 F.2d 797, 801 (3d Cir 1989). Establishing a risk of irreparable harm is not enough. A plaintiff has the burden of proving a clear showing of immediate irreparable injury. Eeri v. McGraw-Hill Inc., 809 F.2d 223, 226 (3d Cir 1987).

Plaintiff in this case has already been informed he has cirrhosis of the liver... therefore this burden is now satisfied, with a Fibrosis level of 4. The plaintiff is

sick and suffering the irreparable
symptoms of Cirrhosis of the liver.
The defendants denial and/or
unnecessary delays in administering
the cure for the plaintiffs Hepatitis
C disease, has caused the plaintiffs
Hepatitis C disease to advance to
the deadly disease of Cirrhosis
of the liver. The plaintiffs
Hepatitis C disease would not have
reached such an advanced stage
of obvious liver failure had the
defendants not refused to cure
the plaintiffs Hepatitis C disease.
The plaintiffs quality and quantity
of life have been altered by
the defendants continuously refusing
to administer the necessary
cure.

The defendants have no reasonable avenue
to continue the unnecessary denial of
providing the plaintiff with the available
cure. A lay person could determine that
any such delay is unreasonable with the
cure at hand the denial can only amount

to deliberate indifference. The plaintiff is now sick and his life is in jeopardy all because the defendants refuse to provide the plaintiff with the available cure. The plaintiff's Fibrosis count is a Four to allow the defendants to continue denying the plaintiff the available cure with an alleged prioritizing protocol, for an excuse, in the presence of cirrhosis of the liver, amounts deliberate indifference. See, Estelle v. Gamble; Abu-Jamal v. Wetzel, and yet the defendants still refuse to administer the drug which is available and could prevent any further progression of cirrhosis of the liver and/or the plaintiff's death.

- (A) plaintiff has suffered harm by the defendants unnecessary delay.
- (B) That harm has caused sufficient injury, "Cirrhosis", which may cause further injury with continued delay.
- (C) The defendants especially Medical

Director Gloria Perry but not limited to just Perry, have acted through the employment under the color of law. See, *Monroe v. Pape*, 365 U.S. 167 (1961). See also *Correctional Services Corp. v. Malesko*, 534 U.S. 61 (2001).

As to page 2 of Document # 61 (page Id# 593) Alleging... Plaintiff Failed to properly exhaust his administrative remedies prior to bringing suit in this matter.

M.D.O.e violates their own A.R.P. system in many such ways such as depriving access to the process by way of rejecting without sufficient cause to hinder relief being obtained, etc., by Richard Pennington,

In such Federal courts as Pozo v. McCaughty, 286 F.3d 1022 (7th Cir);

Thomas v. Woolen, 332 F.3d 720, 723 (6th Cir 2003) they agree! We hold that as long as an inmate presents his or her grievance to prison officials and appeals through available procedures the inmate has exhausted his or her Administrative

Remedies, and as prisoners decision not to address the grievance because it was strictly under prison rules should not bar the Federal suit."

The plaintiff clearly made an effort see Rejection by "Richard Pennington", (M.D.C. - VanWegor 000002-000006); A.R.P. # M.S.P. 18-0636, dated by Mr Richard Pennington 05/11/2018. Cause for Rejection:

Other: Relief is beyond the power of the Administrative Remedy program to grant. See Thornburgh v. Abbott, 490 U.S., at 414, 109 S.Ct., at 1882. Turner, 482 U.S. at 84, 107 S.Ct., at 2259.

Note: It was not out of time otherwise it would have been so marked as such.

As a result M.D.C. cannot rely of Failure to exhaust the A.R.P. Remedy whereas Mr. Pennington clearly proclaimed there was no available Administrative Remedy. Mr. Pennington should be relieved of the office he holds for placing the plaintiffs life in jeopardy, subjecting him to unnecessary injury and creating additional

deliberate indifference. See, Standard operating procedure (S.O.P) 01-01-01 compliance and accountability, which States as follows;

All personnel will be held accountable for their compliance with all M.D.O.C procedures and Forms, Any deviation from M.D.O.C policies procedures and Forms will be cause for disciplinary action to include, but not limited to termination. (page Id# 541-542) see also attached declaration by nurse practitioner Angela Brown (page Id# 532-533 at Paragraph# 11. Nurse practitioner Angela Brown admits the plaintiff's Fibrosis score is a F4, dated and signed by nurse practitioner Angela Brown. 8-28-2019.

See, The attached Introductory Guide to Hepatitis C, Appendix (F).

See, Also, M.D.O.C Medical records for the plaintiff (001168-001171);

(000797); (001098);

(002004); (001197);

(001205 through 001212)

Medical records supplied by M.D.O.C counsel.

The afore mentioned medical records confirm that the plaintiff is sick from the Hepatitis C disease and M.D.O.C defendants along with Centurion employees refuse to treat the plaintiff with the available cure for the Hepatitis C disease. Even though the disease is in the process of ending the plaintiff's life.

The defendants are deliberately indifferent with the plaintiff's serious Medical needs and are allowing the Hepatitis C disease to progress to Cirrhosis of the liver.

Inmate Dennis Jobe # W1201, had the Hepatitis C disease and his Fibrosis score was at F-3, see Dennis Jobe V. M.D.O.C et al, case # No 2018-CP-00087-COA. Medical director Gloria Perry approved for Dennis Jobe to receive the cure for Hepatitis C, and Jobe received the cure with Medical treatment starting on the 12-5-2018, thru 2-28-2019. However even though the plaintiff's disease has progressed

much further than inmate Dennis Job's disease the defendants refuse to approve for the plaintiff to receive the available cure. The plaintiff's Hepatitis C disease has now progressed to cirrhosis of the liver. See M.D.O.C. medical records, "Van Wagner" page # 001208, and the attached declaration of Nurse practitioner Angela Brown which clearly shows the plaintiff's disease is at a life threatening stage. The defendants deliberate indifference have already altered the plaintiff's quality and quantity of life and the defendants still refuse to provide the plaintiff with the available cure, the plaintiff has received no medical treatment at all for his Hepatitis C disease. Medical director Gloria Perry has the authority to approve or deny the treatment of the plaintiff's Hepatitis C disease. Medical director Gloria Perry is liable for her actions or inactions. Medical director Gloria

Perry et al, have caused the plaintiff serious bodily harm. Medical Director Gloria Perry refuses to treat the plaintiff's Hepatitis C disease even though the plaintiff has been ordered treatment, by Doctor Antonio Del Castillo, See plaintiff's attached Medical records M.D.O.C VanWagner 002005, M.D.O.C VanWagner 002004. As of today the 11-18-2019, the plaintiff has not been to this ordered Doctor appointment.

It is UNNECESSARY to continue further in Defendants Document #61, where it is obvious the defendants are deliberately indifferent and under the color of law, can not hide behind the cloak of qualified Immunity. Medical Director Gloria Perry, et al, are not entitled to Summary Judgement and their request for Summary Judgement should be denied. The plaintiff has attached his Declaration, see, Page # 18, 19, 20, 21.

Wherefore Premises Considered
Plaintiff prays this Honorable Court
will deny the defendants Motion
for Summary Judgement and this
matter be set for trial.

This the 19th day of November 2019

Respectfully Submitted
Jerry Van Wagner # 161751

In The United States District Court
For the Northern District of Mississippi
Greenville Division

Jerry VanWagner
V.

M.S.P. Medical Director et al.

Plaintiff

Case # 4:18-CV-150 GHD-RP

Defendants

Declaration of Jerry VanWagner

Pursuant to 28 U.S.C. § 1746 I Jerry
VanWagner declares as follows

1. I am over the age of twenty one
and am in all respect competent to
give testimony under oath. The
matters set forth below are based
upon my personal knowledge.
2. I am an inmate at Mississippi
State prison and I am not employed
3. I did not have Hepatitis C
when I entered the Mississippi
Department of Corrections.

4. Mississippi Department of Corrections Medical Director Gloria Perry refuses to treat My Hepatitis C disease even though My enzymes levels have steadily risen since the year 2015, and the Hepatitis C disease has now turned to Cirrhosis of the liver. I have received no treatment whatsoever.
5. Nurse practitioner Angela Brown said the medication to cure Hepatitis C was too expensive for inmates to receive, and Medical director Gloria Perry refuses to provide the funds to cure Hepatitis C.
6. My Hepatitis C disease has now progressed to the deadly disease of Cirrhosis of the liver and I still have received no Medical treatment for my Hepatitis C disease.

7. Mississippi State Prison's Medical Director Gloria Perry refuses to treat and/or cure My Hepatitis C disease, Even though I am now sick and suffering pain everyday.
8. As of this day 11-18-2019, I have received no treatment at all for my Hepatitis C disease
9. On August 15, 2019 I was taken to an off site Medical appointment to be examined for Ulcers this off site medical appointment had absolutely nothing to do with the treatment of my Hepatitis C disease.
10. Medical Director Gloria Perry's refusal to treat my Hepatitis C disease has caused me to obtain the deadly disease of Cirrhosis of the liver, My quality and quantity of life has been altered by Medical director Gloria Perry.

11. When Medical directors refuse to cure a curable disease and allow this curable disease to progress to a deadly incurable disease, the Medical directors are not providing adequate Medical Care.

12. I, Jerry VastWagner am prose counsel for case # 4:18-CV-150-GAD-RP. I am the author of the foregoing Declaration as well as the foregoing Motion opposing Summary Judgment. I declare under penalty of perjury that the entire foregoing Declaration and Motion opposing Summary Judgment are true and Correct.

Executed on November 19, 2019.

Respectfully
Jerry Dewey VastWagner.

CODE: 0100

ARP-1

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

MSP-18-0636

First Step Respondent: N/A
Location:

REJECTED

Offenders' Name and No: JERRY VANWAGNER #161751
Unit: 30 C

Date of incident: 04-2018

OT-17

☐ **ACCEPTED:** This request comes to you from the Administrative Remedy Program Director. See the attached request from the offender. **Please return your response to this office within 30 days of this date.**

☒ **REJECTED:** Your request has been rejected for the following reason(s):

☐ Relief is beyond the power of the Mississippi Department of Corrections to grant.

☐ The complaint concerns an action not yet taken or a decision which has not yet been made.

☐ There has been a time lapse of more the fifteen (15) days between the **RVR** and the initial request: Incident happened on _; received in this office on _.

☐ There has been a time lapse of more the thirty (30) days between the event and the initial request: Incident happened on _; received in this office on _.

☐ The Mississippi Department of Corrections does not handle Parole Board matters.

☒ Other: Relief is beyond the power of the Administrative Remedy Program to grant.


Director of Administrative Remedy Program

05/11/18
Date

ksc

MDOC-VANWAGNER-000002

Date 5-8-18

This is a request for an
Administrative Remedy to Richard Pennington

From: Jerry VanWagner #161751
Unit 30 c building
Parchman, MS. 38738



Statement of Fact

1. In April 2018 I, Jerry VanWagner was told by Medical Director of M.S.P. that the medication to treat my Hepatitis C are too expensive for M.D.O.C to provide. Therefore M.D.O.C is denying me adequate medical treatment for a disease I, Jerry VanWagner received from unsanitary barber equipment (clippers) while getting a haircut as required by M.D.O.C grooming policy.
2. I, Jerry VanWagner am being denied adequate Medical treatment contrary to the Eight Amendment

23-

M.D.O.C medical was made aware of this contagious Hepatitis C disease in 2012, and is yet to provide treatment and/or the Harvoni cure because the cure is very costly. My enzyme level has risen and this disease is now causing my health to deteriorate. Failure to treat this disease will cause permanent organ damage and death. I, Jerry VanWagner have been waiting treatment since 2012 while my health is failing.

Relief

I, Jerry VanWagner #161751 respectfully request the following relief

- A. That I, Jerry VanWagner receive the proper medications and treatment for this

Hepatitis C disease that I, Jerry VanWagner contracted from unsanitary barber equipment without any further delays denial and/or excuses from Medical Staff.

- b. That no retaliatory action be taken by medical and/or security staff for filing this grievance.
- c. That I Jerry VanWagner be compensated for M.D.O.C violating my Eight and Fourteenth Amendments since 2012.

This relief is deemed just and proper.

Respectfully Submitted
Jerry VanWagner #161751
M.S.P. Unit 30C bed #146
P.O Box 1060
Parchman, MS. 38738

INMATE RECEIPT

MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program

ARP # MSP - 18 - 636

Date: 15-18-2018

Received By: Jerry Van Wagner MDOC #

Witness: Regin Kij Cor. Commander
TITLE

_____ Form ARP-1 — Offender's relief form

_____ Form ARP-2 — 1st step response

_____ Form ARP-3 — 2nd step response

_____ 5-Day extension

_____ Step 2 denial

1 _____ Rejected

_____ Letter #

_____ Other

1st page of this receipt is to be returned to the Administrative Remedy
Program Director to become part of inmate's ARP file

WHITE ORIGINAL - ADMINISTRATIVE REMEDY PROGRAM DIRECTOR

MDOC-VANWAGNER-000006

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CHAPTER VIII

ADMINISTRATIVE REMEDY PROGRAM

I. GENERAL

MDOC has installed in all of its institutions/facilities a formal administrative remedy mechanism for use by all inmates committed to the custody of MDOC. Inmates will be required to use this program before they proceed with a lawsuit. Procedures to access the program will be posted at each institution/facility.

II. DEFINITION OF ADMINISTRATIVE REMEDY

A written complaint by an inmate on the inmate's own behalf regarding the following:

- A policy within an institution/facility;
- An action involving an inmate or employee of an institution/facility;
- An incident occurring within an institution/facility; and or
- A condition in an institution/facility.

III. PURPOSE

MDOC has established the Administrative Remedy Program through which an inmate may seek formal review of a complaint relating to any aspect of their incarceration. Through this procedure, inmates shall receive reasonable responses and, where appropriate meaningful remedies. This procedure applies to all inmates confined in, or committed to MDOC.

IV. PROCEDURES

- Inmates are encouraged to continue to seek solutions to their concerns through informal means. However, to ensure their right to use the formal procedure they must make their request to the Administrative Remedy Program (ARP) in writing within a 30 day period after an incident has occurred. If, after filing in the formal procedure, an inmate receives satisfactory response through informal means, the inmate shall request in writing that ARP cancel his formal request for administrative remedy.
- Inmates may request information or assistance in using the program from their Case Manager or from any staff member in their housing unit.
- The printed forms used in the process contain precise instructions for inmate participants. All instructions should be read and followed carefully by the inmate.
- The original letters of request to ARP should be as brief as possible. The letter should clearly indicate the terminology "this is a request for administrative remedy." The inmate should present as many facts as possible to answer all the questions who, what, when, where, and how concerning the incident.
- The initial complaint of an ARP and ARP appeals must be submitted through the ILAP office by completing an ILAP request form indicating ARP/ARP appeal pickup and the deadline date.
- The First Step Response Form ARP-2 is to be used by the inmate to continue additional steps in the process, there is no need to try to rewrite the original letter or request in this limited space. The original letter of request is available to all reviewers at each step of the process. The inmate must merely give a reason for their dissatisfaction with the previous response.
- ☒ G. If the inmate needs additional space for citing reasons for continuing in the process, they may use another page of paper. The inmate should send the original to ARP and make a copy for his/her file.
- Once an inmate's request for remedy is accepted into the procedure, they must use the ARP envelope that is furnished with his/her Step One response to continue the procedure. The requested information on the envelope should be filled in before forms are inserted since the forms are self-carbon. The flaps on the envelope may be tucked into the envelope for mailing, or the inmate may choose to tape or staple the envelope closed. Do not glue the envelope.

V. SCREENING

The Administrative Remedy Program Director will screen all requests prior to assignment to the First Step. If a request is rejected, it must be done for one of the following reasons, which shall be noted on Form ARP-1.

- The relief sought is beyond the power of MDOC to grant.
- The complaint concerns an action not yet taken or a decision not yet made.
- There has been a time lapse of more than 30 days between the event and the initial request.
- The inmate has requested a remedy for more than one incident (a multiple complaint).
- The request does not contain the phrase "this is a request for administrative remedy".



VI. ACCEPTANCE OR REJECTION

Notice of the request's acceptance or rejection will be given via Form ARP-1. If a request is rejected for technical reasons or matters of form, the inmate shall have five days from the date of rejection to file his/her corrected grievance.

VII. ABUSE OF THE PROCEDURE

- A. If an inmate submits additional requests during the period of Step One review of his request, the first request will be accepted and handled. The others will be logged and set aside for handling at the Director's discretion. A maximum of 10 requests will be logged. Requests above that number will be returned to the inmate and not filed.
- B. If a request is unclear or the volume of attached material is too great, it may be returned to the inmate with a request for clarity or summarization on one additional page. The inmate shall have five days to file his corrected grievance after notification is received.
- C. If an inmate refuses to cooperate with the inquiry into his allegation, the request may be cancelled by noting the lack of cooperation on the Form ARP-1 and returning it to the inmate.

VIII. DEADLINE AND TIME LIMITS

- A. Unless an extension has been granted, no more than 90 days shall elapse from beginning the process to ending the process. Absent such an extension, expiration of response time limits without receipt of a written response shall entitle the inmate to move on to the next step in the process.
- B. An inmate may request an extension in writing of up to five days in which to file at any stage of the process. This request shall be up to the ARP Director for Steps One and Two. The inmate must have valid reasons for the delay and must accompany their request for an extension.
- C. Valid reasons for delay shall be addressed at each step. The inmate must be notified in writing of such an extension. In no case may cumulative extensions exceed 25 days.

IX. SENSITIVE ISSUES

- A. If the inmate believes that the complaint is sensitive and that they would be adversely affected if the complaint became known at the institution or facility, they may file the complaint directly to the ARP Director, and the inmate must explain, in writing, the reason for not filing the complaint at the institution/facility.
- B. If the ARP Director believes that the complaint is sensitive, he shall accept and respond to the complaint. If the ARP Director does not agree that the complaint is sensitive, he shall advise the inmate in writing and return the complaint. The inmate shall then have five days from the date the rejection memo is received to submit their request through regular channels, beginning with the first step.

X. EMERGENCY GRIEVANCE

- A. A matter in which disposition within the regular time limits would subject the offender to a substantial risk of personal injury, or cause other serious and irreparable harm to the offender.
- B. If the offender feels he/she is subjected to emergency conditions, he/she must send an emergency request to the ARP Director. The ARP Director will immediately review the request and forward it to the level at which corrective action can be taken.

XI. RVR APPEALS

- A. At the time of notification of a guilty finding in a disciplinary hearing, the offender will be notified that he/she has the right to appeal any decision of, or disciplinary action taken by the Disciplinary Hearing Officer, directly to the Warden/Community Corrections Director or designee of that under/center involved via the ARP Director.
- B. The appeal will be submitted in writing within fifteen (15) days after a copy of the disciplinary Hearing Officer's decision is offered to the offender and will set forth in detail the grounds for any appeal.
- C. If the offender is not satisfied, he/she may file suit in state or federal court. The offender must provide the ARP number on the court forms.

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Lab Tests for Your Liver

When trying to determine the health of your liver, your health care provider will order a series of lab tests that can give information about whether or not damage to your liver has occurred.

What are some of the tests I will be given?

The most common tests that are used to check how well your liver is working are called Liver Function Tests (LFTs). The most common tests that your provider will order, called a liver panel, are:

- Alanine Aminotransferase (ALT/SGPT)
- Aspartate Aminotransferase (AST/SGOT)
- Total Bilirubin (TBil)
- Albumin
- Prothrombin Time/INR (PT/INR)

The ALT/SGPT Test

This is an enzyme made in the liver. Basically, if the liver is damaged, higher levels of ALT are released into the bloodstream.

The ALT level is tracked in patients with hepatitis C. ALT levels can vary significantly and DO NOT always reflect the degree of liver damage nor do they assess actual function of the liver.

AST/SGOT Test

This enzyme, much like ALT, is also made in the liver. High levels of AST can indicate liver injury. However, factors not related to liver disease can also cause higher AST levels. With regard to your liver health, your provider will be most concerned about higher AST levels when they rise alongside higher ALT levels.

see 12-6-17 lab results 168/540

Normal is approximately: 48/55

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Z

The Hepatitis C Virus

At this point, you are probably wondering, "What is hepatitis C?" That's understandable. Let's talk about the hepatitis C virus.

What is hepatitis C?

Hepatitis C is a disease that affects your liver. It is caused by a virus, called the hepatitis C virus, or HCV for short. Approximately 3.2 million people in the United States are thought to have chronic hepatitis C, making it the most common infection of the blood in the United States.

How does hepatitis C cause problems?

Hepatitis C replicates in the liver. During this process, parts of the virus trigger your immune system into action. In the process of trying to rid your body of the HCV infection, the immune system actually kills infected liver cells. Over a slow process of many years, the interaction between the immune system and your liver can result in scarring of the liver and loss of liver function.

What are the symptoms of hepatitis C?

The symptoms of hepatitis C infection are often very mild. Most people can carry the virus for years and do not notice any symptoms. The most common symptoms are vague abdominal discomfort, fatigue, and joint pains. Even if you do not have any symptoms, hepatitis C can be a serious illness. Over time, it can cause other health problems, such as cirrhosis and liver cancer. Finally, because it stays in your body, you can give hepatitis C to someone else if you had contact with someone else's blood.

What happens to people with hepatitis C?

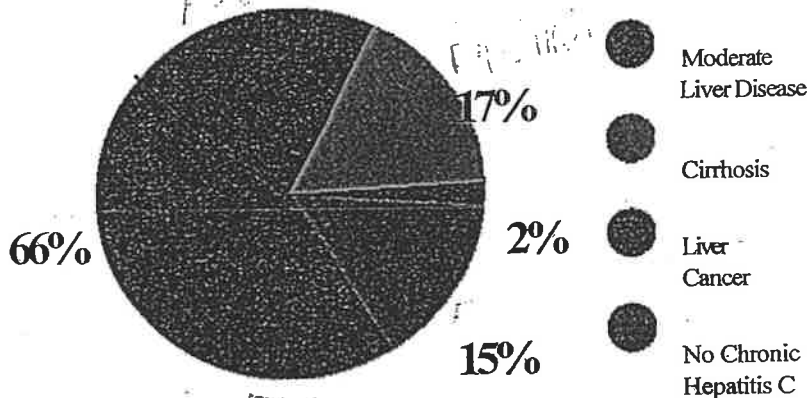
Most people who are infected with hepatitis C develop a chronic infection with the virus. But for some people, their body gets rid of the virus on its own very early after they are first infected. For every 100 people with hepatitis C, around 15 people are able to

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get rid of the virus with their own immune system, but around 85 will develop chronic, or long-term, infection.

For people who develop chronic infection, the virus slowly causes liver damage over a number of years. About 1 out of 5 people with chronic infection will develop severe damage to the liver (cirrhosis). For people who develop cirrhosis, there is a small but real chance that they will develop a liver cancer over time.

- Chronic hepatitis C is a disease of the liver that remains active throughout the course of an individual's life, unless the infection is cured with treatment.
- Cirrhosis is a term that means severe scarring of the liver and is the end result of damage to the liver. Cirrhosis can be caused by many things including viral hepatitis, alcohol, and other conditions.
- Liver Cancer, also known as hepatocellular carcinoma (HCC), may develop from cirrhosis related to hepatitis C.



How is hepatitis C diagnosed? Two main tests are used to diagnose and confirm the presence of hepatitis C (HCV) infection: the *antibody* test and the *RNA* test (the "viral load").

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Hepatitis C Treatment

Now that you know a little about hepatitis C you're probably curious about the treatment available for it:

What is the treatment for hepatitis C?

Several medications exist for the treatment of hepatitis C. Although interferon used to be required for HCV treatment, it is now much more uncommon that interferon would be used. Current anti-viral therapy are tablets or capsules, taken by mouth, for 2-6 months. In some cases, antiviral medications need to be combined with ribavirin, another hepatitis C drug. Antiviral medications can eliminate the hepatitis C virus in over 90% of patients.

How can treatment help me?

Antiviral treatment aims to eliminate the virus. This will help:

- Eliminate the hepatitis C virus from my body
- Stop any further damage to my liver
- Lower the risk of liver cancer
- Lower my liver enzyme levels
- Prevent possible transmission of my HCV to another person

What happens if I take the treatment and it does not work?

If antiviral treatment is not successful for you and does not permanently eliminate the virus, there may be possibilities for you to be treated again with other medications in the future.

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AST (SGOT)

AST, or aspartate aminotransferase, is 1 of the 2 "liver enzymes." It is also known as serum glutamic-oxaloacetic transaminase, or SGOT. AST is a protein made by liver cells. When liver cells are damaged, AST leaks out into the bloodstream and the level of AST in the blood becomes higher than normal. AST is different from ALT because AST is found in parts of the body other than the liver—including the heart, kidneys, muscles, and brain. When cells in any of those parts of the body are damaged, AST can be elevated.

Explanation of test results:

A high AST level often means there is some liver damage, but it is not necessarily caused by hepatitis C. A high AST with a normal ALT may mean that the AST is coming from a different part of the body. It is important to realize that the AST level in most patients with hepatitis C goes up and down. The exact AST level does not tell you how much liver damage there is, or whether the liver is getting better or worse, and small changes should be expected. However, for patients receiving treatment for hepatitis C, it is helpful to see if the AST level goes down.

Other things to know:



- The AST level is not as helpful as the ALT level for checking the liver.
- Many patients with hepatitis C will have a normal AST level.
- Patients can have very severe liver disease or cirrhosis and still have a normal AST level.

Bilirubin

Bilirubin is a yellowish substance that is created by the breakdown (destruction) of hemoglobin, a major component of red blood cells.

Explanation of test results:

As red blood cells age, they are broken down naturally in the body. Bilirubin is released from the destroyed red blood cells and passed on to the liver. The liver excretes the bilirubin in fluid called bile. If the liver is not functioning correctly, the bilirubin will not be properly excreted. Therefore, if the bilirubin level is higher than normal, it may mean that the liver is not functioning correctly.

Other things to know:

- Levels of bilirubin in the blood go up and down in patients with hepatitis C.
- When bilirubin levels remain high for prolonged periods, it usually means there is severe liver disease and possibly cirrhosis.
- High levels of bilirubin can cause jaundice (yellowing of the skin and eyes, darker urine, and lighter-colored bowel movements).
- Elevated bilirubin levels can be caused by reasons other than liver disease.
- Total bilirubin is made up of 2 components: direct bilirubin and indirect bilirubin.
- Direct bilirubin + indirect bilirubin = total bilirubin.

Albumin

Albumin is a protein made by the liver. Albumin prevents fluid from leaking out of blood vessels into tissues.

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If the result of the HCV RIBA is positive, this confirms that the detection of a hepatitis C antibody (anti-HCV) was a true positive, meaning that there has been infection with hepatitis C in the past.

If the HCV RIBA result is negative, it means there has not been infection with hepatitis C. If an earlier hepatitis C antibody (anti-HCV) test had been positive, then this was a false positive.

Other things to know:

- Even if the HCV RIBA result is positive, only the test of HCV RNA (viral load) can detect whether the hepatitis C virus is still present in the body.
- HCV RIBA is not a test that is needed for most patients. Usually, it is performed by blood banks to check for hepatitis C in people who donate blood.

Hepatitis C genotype

The hepatitis C genotype is a type or "strain" of hepatitis C virus. There are 6 genotypes of hepatitis C around the world. In the United States, 3 genotypes are common:

- Genotype 1
- Genotype 2
- Genotype 3

These can be further specified as:

- Genotype 1a or 1b
- Genotype 2a or 2b
- Genotype 3a or 3b

The genotype of hepatitis C does not change over time. It needs to be tested only once. If you are treated for hepatitis C, your genotype will determine your treatment plan, such as which medications are prescribed and how long the treatment will be.

Viral load

The viral load of hepatitis C refers to the amount of virus present in the bloodstream.

A viral load test is usually measured with the hepatitis C RNA quantitative test; a blood sample will be taken by needle from a vein in your arm.

Viral load tests are often used with hepatitis C treatment to help determine response to treatment by comparing the amount of virus in your blood before, during, and after treatment.

* If you have lower levels of virus in your blood when you start treatment, you may have a better chance of getting rid of the virus.

Associated lab tests

Patients with hepatitis C often have a wide variety of blood tests requested by their doctor. In addition to tests of

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION**

JERRY VANWAGNER

PLAINTIFF

VERSUS

CIVIL ACTION NO. 4:18-CV-150-GAD-RP

CENTURION OF MISSISSIPPI, ET AL

DEFENDANTS

DECLARATION OF NURSE PRACTITIONER ANGELA BROWN

Pursuant to 28 U.S.C. § 1746, I, Nurse Practitioner Angela Brown, declare as follows:

1. I am over the age of twenty-one and am in all respects competent to give testimony under oath. The matters set forth below are based upon my own personal knowledge.

2. I am a Nurse Practitioner at Mississippi State Penitentiary ("MSP"), and I am employed by Centurion of Mississippi, LLC ("Centurion").

3. Centurion has a contract with the Mississippi Department of Corrections ("MDOC")¹ to provide certain medical care to inmates in the custody of MDOC.

4. I am familiar with the medical records and treatment of Jerry Vanwagner, MDOC #161751 ("Vanwagner"), and I am familiar with MDOC's policy regarding the medical treatment provided to inmates diagnosed with Hepatitis C.

5. Based on my review of Vanwagner's medical records, Vanwagner tested positive for Hepatitis C and has been a patient in MSP's Chronic Care Program for inmates diagnosed with Hepatitis C. In Chronic Care, medical staff monitors his condition, and Vanwagner has remained in Chronic Care at all times relevant to this Complaint.

6. In Chronic Care, patients' enzymes levels of the liver are monitored with blood counts and exams for a determination of the signs of disease including ascites and jaundice. This

¹ Centurion's contract with the MDOC was effective July 1, 2015.

~35 -

[Handwritten signature]



allows medical staff to monitor patients' condition over time, and determine if additional treatment is necessary.

7. One method of measuring a patient's status is to calculate his Fibrosis-4 score. A Fibrosis-4 score is a non-invasive testing method to measure scarring of the liver. Once a patient's score approaches or exceeds 2.5, a patient is automatically referred to a specialist for evaluation of treatment with anti-viral medications with serial monitoring of lab during treatment to include viral titer levels, genotype of infection, and liver enzymes, as well as abdominal sonograms to rule out hepatoma tumors.

8. Vanwagner's most recent Fibrosis-4 score was 0.85, well below the threshold for an automatic referral for an off-site consult.

9. At all times during his Chronic Care treatment, Vanwagner's liver enzyme levels have remained within the normal levels, and below a Fibrosis-4 score necessary to require an automatic referral.

10. However, despite Vanwagner's well-managed condition, an off-site was placed for Vanwagner on January 31, 2019. On August 15, 2019, Vanwagner received an EGD at Merit Health.

11. At no point during my treatment of Vanwagner have I attempted to prevent Vanwagner from obtaining treatment for his condition. Additionally, it is my medical opinion, based on Vanwagner's low Fibrosis-4 score that Vanwagner has received adequate treatment of his Hepatitis C condition through Chronic Care.

12. I declare under penalty of perjury that the foregoing is true and correct.

Executed on August __, 2018

Angela Brown, CNP
Angela Brown 8/28/19

angela Brown, CNP

Mississippi Department of Corrections
633 North State Street Jackson, MS 39202
(601) 359-5600 Fax:

April 11, 2019
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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Performed By:

BioPredictive
218 Bd Saint-Germain
75007 Paris - France
P: +33 1 84 79 03 07

Precautions:

The reliability of results is dependent on compliance with the preanalytical and analytical conditions recommended by BioPredictive. The tests have to be deferred for: acute hemolysis, acute hepatitis, acute inflammation, extrahepatic cholestasis. The advice of a specialist should be sought for interpretation in chronic hemolysis and Gilbert's syndrome. The test interpretation is not validated in liver transplant patients. Isolated extreme values of one of the components should lead to caution in interpreting the results. In case of discordance between a biopsy result and a test, it is recommended to seek the advice of a gastroenterologist. The causes of these discordances could be due to a flaw in the biopsy: i.e. a liver biopsy has a 25% variability rate for one fibrosis stage.

Interpretability:

FibroTest(R) is interpretable for chronic Hepatitis B and C, alcoholic and nonalcoholic steatosis (NASH). ActiTest(R) is interpretable for chronic Hepatitis B and C.

References:

1. Salkic NN, et al. FibroTest Fibrosure for Significant Liver Fibrosis and Cirrhosis in Chronic Hepatitis B: A Meta-Analysis. Am J Gastroenterol 2014;109:796-809.
2. Sebastiani G, et al. The impact of liver disease aetiology and the stages of hepatic fibrosis on the performance of non invasive fibrosis markers: an international study of 2411 cases. Aliment Pharmacol Ther 2011;34:1202-1216.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 09/25/2018 8:00 AM

(1) Order result status: Final

Collection or observation date-time: 09/20/2018 11:24

Requested date-time: 09/20/2018 11:24

Receipt date-time: 09/21/2018 11:13

Reported date-time: 09/25/2018 07:48

Referring Physician:

Ordering Physician: JUAN SANTOS (jsantos)

Specimen Source:

Source: BIOR

Filler Order Number: 943659952

Lab site: BioReference Laboratories, Inc.

Producer ID *1:FL1

(2) Order result status: Final

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001168

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Mississippi Department of Corrections

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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13
Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *2:FL1

(3) Order result status: Final
Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13
Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *3:FL1

(4) Order result status: Final
Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13
Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *4:NJ1

(5) Order result status: Final
Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13
Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *5:NJ1

(6) Order result status: Final
Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001169

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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *6:NJ1

(7) Order result status: Final
Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13
Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *7:FL1

(8) Order result status: Final
Collection or observation date-time: 09/20/2018 11:24
Requested date-time: 09/20/2018 11:24
Receipt date-time: 09/21/2018 11:13
Reported date-time: 09/25/2018 07:48
Referring Physician:
Ordering Physician: JUAN SANTOS (jsantos)
Specimen Source:
Source: BIOR
Filler Order Number: 943659952
Lab site: BioReference Laboratories, Inc.
Producer ID *8:FL1
Producer ID *9:NJ1

The following lab values were dispersed to the flowsheet
with no units conversion:

HEP. C RNA, (LOG-10), 7.25 LOG10, (F) expected units: logIU/mL

The following non-numeric lab results were dispersed to
the flowsheet even though numeric results were expected:

ANTI-SM/RNP, Negative

The following results were not dispersed to the flowsheet:

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001170

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April 11, 2019
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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 **RACE:** Caucasian **SEC LEV:** MEDIUM **LOC:** C **MED CL:** 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

HDL as % of Cholesterol, 22 %, (F)
Chol/HDL Ratio, 4.6, (F)
LDL/HDL Ratio, 2.86, (F)
LDL Cholesterol, 100 mg/dL, (F)
VLDL, CALCULATED, 27 mg/dL, (F)
Non-HDL Cholesterol, 127 mg/dL, (F)
e-GFR, 106 mL/min, (F)
e-GFR, African American, 123 mL/min, (F)
BUN/Creat Ratio, 21.0, (F)
ALPHA-2-MACROGLOBULIN, 307 mg/dL, (F)
FIBROSIS SCORE, 0.66, (F)
FIBROSIS STAGE, F3, (F)
FIBROSIS INTERP, advanced fibrosis, (F)
INFLAMMATION SCORE, 0.55, (F)
INFLAMMATION STAGE, A2, (F)
INFLAMMATION INTERP, significant activity, (F)

Electronically Signed by Juan M Santos MD on 09/25/2018 at 3:54 PM
Electronically Signed by Antonio Del Castillo MD on 09/25/2018 at 7:13 PM

09/20/2018 - Lab Report: cbc pt/inr
Provider: Angela V Brock -lab
Location of Care: Mississippi State Penitentiary

Office Lab Report

Inmate Name: JERRY VANWAGNER

MDOC #: 423-08-9152

Date Drawn: 09/20/2018

Date Run: 09/20/2018

Tech: ab

Abnormal Lab Values Appear in Bold and Underlined

WBC: 5.5 x10³/uL Normal (4 - 10.5) Panic High (25) Panic Low (2.5)

RBC: 4.64 x10⁶/uL Normal (4.10 - 5.60)

HGB: 14.8 g/dl Normal (12.5 - 17.0) Panic High (20) Panic Low (7)

HCT: 46.2 % Normal (36 - 51) Panic High (60) Panic Low (21)

MCV: 100 fL Normal (80 - 98)

MCH: 32.0 pg Normal (27 - 34)

MCHC: 32.1 g/dL Normal (32 - 36)

RDW: 14.0 % Normal (11.7 - 15.0)

Platelets: 224 x10³/uL Normal (140 - 415) Panic High (700) Panic Low (30)

Neutrophils: 57 % Normal (40 - 74)

Lymphocytes: 37 % Normal (14 - 46)

Monocytes: 6 % Normal (4 - 13)

%

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001171

Mississippi Department of Corrections633 North State Street Jackson, MS 39202
(601) 359-5600 Fax:April 11, 2019
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Chart Document**JERRY VANWAGNER**48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Office Lab Report

Inmate Name: JERRY VANWAGNER

MDOC #: 423-08-9152

Date Drawn: 11/05/2015

Date Run: 11/05/2015

Tech: POB

Abnormal Lab Values Appear in Bold and Underlined

WBC: 6.3 x10³/uL Normal (4 - 10.5) Panic High (25) Panic Low (2.5)**RBC:** 5.07 x10⁶/uL Normal (4.10 - 5.60)**HGB:** 16.2 g/dl Normal (12.5 - 17.0) Panic High (20) Panic Low (7)**HCT:** 48.7 % Normal (36 - 51) Panic High (60) Panic Low (21)**MCV:** 96 fL Normal (80 - 98)**MCH:** 32.0 pg Normal (27 - 34)**MCHC:** 33.3 g/dL Normal (32 - 36)**RDW:** 13.5 % Normal (11.7 - 15.0)**Platelets:** 223 x10³/uL Normal (140 - 415) Panic High (700) Panic Low (30)**Neutrophils:** 49 % Normal (40 - 74)**Lymphocytes:** 44 % Normal (14 - 46)**Monocytes:** 7 % Normal (4 - 13)**Sodium:** 136 mmol/L Normal (136 - 146) Panic High (160) Panic Low (120)**Potassium:** 4.6 mmol/L Normal (3.5 - 5.1) Panic High (6.0) Panic Low (3.0)**Chloride:** 97 mmol/L Normal (98 - 108) Panic High (125) Panic Low (85)**Carbon Dioxide:** 28 mmol/L Normal (22 - 30) Panic High (40) Panic Low (15)**Anion Gap:** 11 mmol/L**Glucose:** 81 mg/dL Normal (74 - 100) Panic High (350) Panic Low (45)**BUN:** 14 mg/dL Normal (9 - 20)**Creatinine:** 0.73 mg/dL Normal (0.7 - 1.4)**BUN/Creatinine Ratio:** 19.4 % Normal (7 - 25)**CALCIUM:** 9.3 mg/dL Normal (8.4 - 10.2) Panic High (13.0) Panic Low (6.5)**Total Protein:** 7.6 g/dL Normal (6.3 - 9.2)**Albumin:** 4.1 g/dL Normal (3.5 - 5.1)**A/G Ratio:** 1.2 Normal (1.2 - 2.2)**AST:** 34 UL Normal (14 - 50)**ALT:** 48 UL Normal (21 - 72)**Alkaline Phos:** 70 UL Normal (38 - 126)**Total Bilirubin:** 0.7 mg/dL Normal (0.1 - 1.3)

%

Urinalysis (dipstick)Color: yellow; Appearance: clear; Spec. Gr: 1.010; pH: 8.0; Protein: neg; Glucose: neg mg/dl;
Ketone: neg; Occult blood: neg; Urobilinogen: 0.2 mg/dl; Bilirubin: neg; Nitrite: neg; Leukocyte esterase:
neg; Comments: MICROSCOPIC NOT INDICATED

Report run by Alayna Luvene-OMC

MDOC-VANWAGNER-000797

-41- *~~scribble~~

Mississippi Department of Corrections633 North State Street Jackson, MS 39202
(601) 359-5600 Fax:April 11, 2019
Page 962
Chart Document**JERRY VANWAGNER**48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

03/26/2018 - Lab Report: Comprehensive Metabolic Panel

Provider: Pamela J Jarrett FNP BC

Location of Care: Mississippi State Penitentiary

Patient: JERRY VANWAGNER

ID: BIOR 161751

Note: All result statuses are Final unless otherwise noted.

Patient Note: NON FASTING

Tests: (1) Comprehensive Metabolic Panel (3427-2)

Total Protein	7.5 g/dL	5.9-8.4	*1
Albumin	4.4 g/dL	3.5-5.2	
Globulin	3.1 g/dL	1.7-3.7	
A/G Ratio	1.4	1.1-2.9	
Sodium	140 mmol/L	136-145	
Potassium	4.8 mmol/L	3.6-5.6	
Chloride	100 mmol/L	96-108	
CO2	28 mmol/L	22-29	
BUN	17 mg/dL	6-20	
Creatinine	0.90 mg/dL	0.67-1.31	
! e-GFR	101 mL/min	>or=60	
! e-GFR, African American	117 mL/min	>or=60	
! BUN/Creat Ratio	18.9	10.0-28.0	
Calcium	9.3 mg/dL	8.6-10.4	
Bilirubin, Total	0.4 mg/dL	<1.2	
Alk Phos	70 U/L	40-156	
AST	[H] 42 U/L	<40	
ALT	[H] 79 U/L	<41	
Glucose	[H] 105 mg/dL	70-99	

NOTE: Specimen submitted is LIPEMIC. This may cause inaccurate results.
Please resubmit a fasting specimen at your earliest convenience.

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 03/27/2018 3:15 PM

(1) Order result status: Final

Collection or observation date-time: 03/26/2018 11:11

Requested date-time: 03/26/2018 11:11

Receipt date-time: 03/27/2018 13:09

Reported date-time: 03/27/2018 15:03

Referring Physician:

Ordering Physician: PAMELA JOHNSON-JARRETT (pjohnson1)

Specimen Source:

Source: BIOR

Filler Order Number: 943236084

Lab site: BioReference Laboratories, Inc.

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001098

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Authorization Request Overview

Payer Authorization#:	Pending
Current Authorization Status:	190311100236
Reference Number:	Normal
Authorization Priority:	01/31/2019
Date of Service:	01/31/2019 - 01/31/2020
Authorization Effective Dates:	01/31/2019
Provider Submit Date:	
Payer Disposition Date:	

Patient Information

Patient:	Vanwagner, Jerry
DOB:	01/05/1971

Coverage Information

Payer:	Mississippi Department of Corrections
Plan:	2 - Average to Good
Product:	C - Ongoing mental health treatment
Group:	MEDIUM
Subscriber ID:	161751
Eligibility Status:	Eligible for service
Effective Date:	09/29/2010
Expiration Date:	06/17/2034

Payer Details

Name:	Mississippi Department of Corrections
Phone:	(601) 359-5157

Requesting Provider Details

Requesting Physician:	DEL CASTILLO, ANTONIO M.D.
Provider ID:	1883
Ordering Facility:	Request - MSP
Facility ID:	Mississippi Department of Corrections Provider ID:53

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CHANGE
HEALTHCARE**CLEAR COVERAGE™****Diagnosis**

ICD10 Code	ICD Description
B18.2	CHRONIC VIRAL HEPATITIS C

Service Request

Code	Description
	GI Consult
	Modifiers:
	Oxygen Dependent: 2 - No
	Transportation Type: 1 - Van

Additional Notes

01/31/2019 12:09 PM Dr Del Castillo, Antonio
 The patient is a 48 y/o with a history of Chronic Hepatitis C
 He needs treatment
 Thank You

44-# [Signature]

CHANGE HEALTHCARE CLEAR COVERAGE™

Medical Review

Medical Review Status:

Criteria Met

Item(s) Under Review

Code

Description

GI Consult

Review Detail

GI Consult (Custom) - MSD [f0cdd52b-f960-4e17-92df-b4101cbf4d73.v2462381120], Version 2014
 Guideline Modification History

Last Updated	Last Literature Review
None Specified	None Specified

Questions

Does the patient have difficulty swallowing?

☐ Yes☒ No

Does the patient have proven or strongly suspected Iron deficiency anemia requiring endoscopy?

☒ Yes☐ No

Recommendations

GI Consult

Medical Review Result: Criteria Met

Test Code: MSETC

Test Title: GI Consult

Test Description: GI Consult

Disclaimer

This determination was made using evidence-based medical criteria. Please contact the MDOC Office of Medical Compliance if your clinical opinion disagrees and warrants further discussion.

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April 11, 2019
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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Assessment #1

Presbyopia
OU

Plan #1:

Spectacles
OU

Assessment #2

Cataract
OU

Plan #2:

Spectacles
OU

Return: 1 year For: Comprehensive Exam

Orders

Electronically Signed by Wilburn Lord Jr OD on 01/09/2019 at 11:41 AM

01/09/2019 - Chronic Care: HEP-C
Provider: Antonio Del Castillo MD
Location of Care: Mississippi State Penitentiary

Current Problems (prior to this update):

ADJUSTMENT DISORDER WITH ANXIETY (AXIS I) (DS4-309.24)
HEPATITIS C (ICD-070.51)
* GERD
ALCOHOL ABUSE (AXIS I) (DS4-305.00)

Current Medications (prior to this update):

DIPHENHYDRAMINE HCL 50 MG CAPS (DIPHENHYDRAMINE HCL) Take ONE cap by mouth PM

SUBJECTIVE

Nursing Assessment for Chronic Care Clinics

Vital Signs

Report run by Alayna Luvene-OMC

MDOC-VANWAGNER-001205

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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Height: 68
Weight: 160
Temperature: 98.4
Temperature site: oral
Pulse rate: 68
Pulse rhythm: regular
Respirations: 18
Blood Pressure: 129 / 84 mm Hg
O2 Sat: 95

Risk Factors

Non-Smoker
Year quit smoking: 2009
Smoking pack-years: 1 pk qd X 20 years
Alcohol Consumption: Yes
Date Started: 2008
Age Quit: 38

TB Status

1st Step PPD Result: Negative (10/21/2010 12:22:42 PM) 2nd Step PPD Result: Negative (10/29/2010 9:23:09 AM)

Signed by: Sherry C Johnson EMT, January 9, 2019 11:56 AM

Past Medical History: Cancer, Rheumatic Fever, Seizure Disorder

Comments: Neck broken with severe injuries in auto accident. Needs neck brace that was kept by co. jail. acid reflux.

No past family history

Comments: Father died of cancer.

Hepatitis Chronic Care Clinic

Date of Today's Clinic: January 9, 2019

Hepatitis CC Nursing Assessment

Age at Onset: 41

Diagnosis: HEP-C

Risk Factors:

Intravenous Drug Use: No
Alcohol Consumption: Yes
Date Started: 2008
Date Ended: 2009
Avg Drinks/Day: 12 wkends
Tattooing: No
Multiple Sexual Partners: No
Partner with known Hep B/C: No
Previous Dx of Hep B/C: Yes
Previous Dx of HIV: No
Blood Tx Prior to 1992: No

Nurse Signature: Sherry C Johnson EMT, January 9, 2019 11:57 AM

Report run by Alayna Luvane-OMC

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MDOC-VANWAGNER-001206

Mississippi Department of Corrections

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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

REVIEW OF SYSTEMS

Hepatitis Chronic Care Clinic

Hepatitis CC Provider ROS

Comorbidities:

H/O:

Complaints: epigastric pain, on and off x 3 -4 months, pain scale of 5-6 /10 accpd. by abdominal fullness and black stool , on and off , noticed 2 weeks ago
I have reviewed the appropriate labs with the patient.

Signed by: Antonio Del Castillo MD, January 9, 2019 3:32 PM

HISTORY

General

NAD

Skin Clear

HEENT

Head NC/AT

Eyes Sclera white

Ears TM's clear

Nares Clear

Throat Normal

Stridor No

Lung Exam

Rt. CTA

Lt. CTA

Cardiovascular

PMI Normal

Auscultation Normal

Pulses (0 - 4+ B=Bruit)

Carotid

R/L 2

/ 4

Radial 2

/ 4

Femoral 2

/ 4

DP 2

/ 4

Neurological

Reflexes: 2+Equal

Plantar: Normal

Motor Strength

Report run by Alayna Luvene-OMC

MDOC-VANWAGNER-001207

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Mississippi Department of Corrections

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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Upper Extremities: Normal

Lower Extremities: Normal

Sensory: Normal

Extremities Normal

Joints Normal

Abdominal

Bowel Sounds Normal

Ascites No

Hernia No

Palpation:

Normal

Tenderness mild tenderness epigastric area, no rebound

Lymphatic

Lymphatic Normal

Physical Exam Completed? Yes

ASSESSMENT

Hepatitis Chronic Clinic Assessment

1. Hepatitis

Degree of Control:

Fair

PLAN

Updated Medications:

OMEPRazole 20 MG CPDR (OMEPRazole) take 1 tab by mouth daily

ACETAMINOPHEN 500 MG TABS (ACETAMINOPHEN) take 1 tab by mouth TID as needed for pain

Education Reviewed with Inmate: Nutrition, Exercise, Smoking, Test Results, Medication, Sodium Intake

Chronic Care Scheduling Request

Requested By: Provider

Schedule with: Chronic Care FOLLOW-UP - Cardiovascular

Appointment Requested In: 2 weeks

Reason: follow up to see provider - for lab results



his Fibrotest result was F3 - advanced Cirrhosis, all labs seen, however his MELD score was 6, we will refer patient to see a GI specialist and we will go from there

Report run by Alayna Luvene-OMC

MDOC-VANWAGNER-001208

49- [scribbles]

Mississippi Department of Corrections

633 North State Street Jackson, MS 39202
(601) 359-5600 Fax:

April 11, 2019
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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Electronically Signed by Antonio Del Castillo MD on 01/09/2019 at 3:40 PM

01/10/2019 - Append: HEP-C

Provider: Antonio Del Castillo MD

Location of Care: Mississippi State Penitentiary

Checked our protocol regarding GI referral for Hep. C : it should be the patient has Fib4 score of > 2.5 to be qualified for GI referral, the patient has Fib4 score of 0.86 and his AST and ALT is not significantly elevated, we will discussed to the patient on his next appointment visit our plan and to monitor his labs every 6 month

Electronically Signed by Antonio Del Castillo MD on 01/10/2019 at 8:21 AM

01/09/2019 - Orders

Provider: Antonio Del Castillo MD

Location of Care: Mississippi State Penitentiary

Orders

Orders:

Added new Test order of CBC with Differential/Platelet (CPT-85025) - Signed
Added new Test order of Comprehensive Metabolic Panel (14) (CPT-80053) - Signed
Added new Test order of Hemocult (Hemocult ON SITE) - Signed
hemocult x 3

Process Orders

Check Orders Results:

BioReference: Order checked:

-- CBC with Differential/Platelet -- [NO CODE FOUND]

Tests Sent for requisitioning (January 9, 2019 12:08 PM):

01/09/2019: BioReference -- CBC with Differential/Platelet [CPT-85025] (signed)

01/09/2019: BioReference -- Comprehensive Metabolic Panel (14) [CPT-80053] (signed)

01/09/2019: BioReference -- Hemocult [Hemocult ON SITE] (signed)

Electronically Signed by Antonio Del Castillo MD on 01/09/2019 at 12:08 PM

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001209

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Mississippi Department of Corrections633 North State Street Jackson, MS 39202
(601) 359-5600 Fax:April 11, 2019
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Chart Document**JERRY VANWAGNER**48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

01/09/2019 - Lab Report: Comprehensive Metabolic Panel

Provider: Antonio Del Castillo MD

Location of Care: Mississippi State Penitentiary

Patient: JERRY VANWAGNER

ID: BIOR 161751

Note: All result statuses are Final unless otherwise noted.

Patient Note: NON FASTING

Tests: (1) Comprehensive Metabolic Panel (3427-2)

Total Protein	7.4 g/dL	5.9-8.4	*1
Albumin	4.2 g/dL	3.5-5.2	
Globulin	3.2 g/dL	1.7-3.7	
A/G Ratio	1.3	1.1-2.9	
Sodium	139 mmol/L	136-145	
Potassium	4.3 mmol/L	3.6-5.6	
Chloride	102 mmol/L	96-108	
CO2	23 mmol/L	22-29	
BUN	12 mg/dL	6-20	
Creatinine	0.87 mg/dL	0.67-1.31	
! e-GFR	102 mL/min	>or=60	
! e-GFR, African American	118 mL/min	>or=60	
! BUN/Creat Ratio	13.8	10.0-28.0	
Calcium	9.1 mg/dL	8.6-10.4	
Bilirubin, Total	0.5 mg/dL	<1.2	
Alk Phos	78 U/L	40-156	
AST	33 U/L	<40	
ALT	[H] 45 U/L	<41	
Glucose	93 mg/dL	70-99	

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 01/10/2019 12:30 PM

(1) Order result status: Final

Collection or observation date-time: 01/09/2019 13:10

Requested date-time: 01/09/2019 13:10

Receipt date-time: 01/10/2019 09:49

Reported date-time: 01/10/2019 12:24

Referring Physician:

Ordering Physician: ANTONIO DEL CASTILLO (adelcastillo)

Specimen Source:

Source: BIOR

Filler Order Number: 943913791

Lab site: BioReference Laboratories, Inc.

Producer ID *1:FL1

The following results were not dispersed to the flowsheet:

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001210

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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

e-GFR, 102 mL/min, (F)
e-GFR, African American, 118 mL/min, (F)
BUN/Creat Ratio, 13.8, (F)

Electronically Signed by Antonio Del Castillo MD on 01/10/2019 at 5:51 PM

01/09/2019 - Lab Report: CBC
Provider: Angela V Brock -lab
Location of Care: Mississippi State Penitentiary

Office Lab Report

Inmate Name: JERRY VANWAGNER

MDOC #: 423-08-9152

Date Drawn: 01/09/2019

Date Run: 01/09/2019

Tech: AB

Abnormal Lab Values Appear in Bold and Underlined

WBC: 6.2 x10³/uL Normal (4 - 10.5) **Panic High (25) Panic Low (2.5)**

RBC: 4.95 x10⁶/uL Normal (4.10 - 5.60)

HGB: 15.7 g/dl Normal (12.5 - 17.0) **Panic High (20) Panic Low (7)**

HCT: 47.3 % Normal (36 - 51) **Panic High (60) Panic Low (21)**

MCV: 96 fL Normal (80 - 98)

MCH: 31.7 pg Normal (27 - 34)

MCHC: 33.1 g/dL Normal (32 - 36)

RDW: 12.8 % Normal (11.7 - 15.0)

Platelets: 282 x10³/uL Normal (140 - 415) **Panic High (700) Panic Low (30)**

Neutrophils: 51 % Normal (40 - 74)

Lymphocytes: 42 % Normal (14 - 46)

Monocytes: 7 % Normal (4 - 13)

%

Electronically Signed by Angela V Brock -lab on 01/09/2019 at 1:17 PM
Electronically Signed by Antonio Del Castillo MD on 01/09/2019 at 4:34 PM

01/11/2019 - Medication Administration Record: KOP

Provider: Juan M Santos MD

Location of Care: Mississippi State Penitentiary

This document contains external references

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001211

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Mississippi Department of Corrections

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April 11, 2019
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Chart Document

JERRY VANWAGNER

48 Years Old Male DOB: 01/05/1971 RACE: Caucasian SEC LEV: MEDIUM LOC: C MED CL: 2
Housing Loc: MSP, UNIT 30, BLD C, ZONE A, BED 0028

MDOC #: 161751

Electronically Signed by Angela Brown APN-BC on 12/05/2018 at 12:19 PM
Electronically Signed by Vickie L Thomas RN DON on 12/07/2018 at 5:40 PM

12/05/2018 - Append: refills
Provider: Angela Brown APN-BC
Location of Care: Mississippi State Penitentiary

I informed pt before that when he comes to clinic, this is not the court room. He gets aggressive, angry and blames the state for giving him Hep C.
I explained that his battle with Hep C is not here; medical can't get him early release from jail; demands foot powder, demands foot cream, demands cold pack, demands turns, demands tylenol then IBU
Dx Med Refills---reviewed EMR and refills done

Electronically Signed by Angela Brown APN-BC on 12/05/2018 at 1:47 PM

12/08/2018 - Mental Health: Psychiatry 30-Day
Provider: Franklin Golden PMHNP-BC
Location of Care: Mississippi State Penitentiary

Psych visit type 30 day

Subjective:

SUBJECTIVE / Chief Complaint:

"I am doing ok with my meds. I want to keep it the same".

Objective:

Current medications

DIPHENHYDRAMINE HCL 50 MG CAPS (DIPHENHYDRAMINE HCL) Take ONE cap by mouth PM
CHLORPHENIRAMINE MALEATE 4 MG TABS (CHLORPHENIRAMINE MALEATE) take one tab by mouth bid as needed
TUMS 500 MG CHEW (CALCIUM CARBONATE ANTACID) one tab by mouth bid as needed profile
TRIPLE ANTIBIOTIC 3.5-400-5000 OINT (NEOMYCIN-BACITRACIN-POLYMYXIN) apply to areas bid profile

Current Problem List

ADJUSTMENT DISORDER WITH ANXIETY (AXIS I) (DS4-309.24)
HEPATITIS C (ICD-070.51)
* GERD
ALCOHOL ABUSE (AXIS I) (DS4-305.00)

Attention: Alert

Attitude: Appropriate

Appearance: Clean

Report run by Alayna Luvane-OMC

MDOC-VANWAGNER-001197

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Certificate of Service

This is to certify that I, Jerry VanWagner pro-se counsel have caused to be mailed via United States Postal Service First class postage prepaid a true and correct copy of the foregoing Motion Opposing Summary Judgement to the following:

J. Chadwick Williams
P.O. Box 220
Jackson, MS. 39205

Bradley, Arant, Boult Cumming
P.O. Box 1789
Jackson, MS. 39215

Honorable David Crews Clerk
United States District Court
301 W. Commerce St * 13
Aberdeen, MS. 39730

This the 19th day of November 2019

Respectfully Submitted
Jerry VanWagner #161751
M.S.P.
P.O. Box 1060
Parchman, MS. 38738